

PUBLIC SAFETY

EMPLOYMENT APPLICATION

City of Norfolk is an Equal Opportunity Employer

Position applying for: _____

BELOW FOR OFFICE USE ONLY

Date received in HR: ____/____/____
MO. DAY YEAR

BACKGROUND INFO. FORM NOTARIZED
DMV RECORD (WITHIN 1 YR FROM STATE LICENSURE)
DD-214 (LONG FORM) at time of application for past military
BIRTH CERTIFICATE
HIGH SCHOOL DIPLOMA OR GED CERTIFICATE
APPROVED BY: _____ DATE: _____

GENERAL INFORMATION

- PLEASE TYPE OR PRINT IN INK.
- TO BE CONSIDERED FOR EMPLOYMENT, COMPLETE YOUR APPLICATION IN ITS ENTIRETY, PROVIDING REQUESTED SIGNATURE (S).
- THE DEPARTMENT OF HUMAN RESOURCES MUST RECEIVE YOUR APPLICATION BY THE STATED CLOSING DATE.
- ALL INFORMATION SUBMITTED IS SUBJECT TO VERIFICATION.
- THE CITY OF NORFOLK HIRES ONLY THOSE LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES.
- IF YOU REQUIRE SPECIAL DISABILITY ACCOMMODATIONS, INDICATE THIS IN THE APPROPRIATE AREA OF THE APPLICATION.

APPLICANT INFORMATION

YOUR NAME: _____ SSN: _____ - ____ - ____
LAST FIRST MIDDLE
 MAILING ADDRESS: _____ HOME PHONE: (____) _____
CITY STATE ZIP WORK PHONE: (____) _____
 E-mail: _____

EDUCATION

HIGH SCHOOL NAME AND ADDRESS: _____ DATE LAST ATTENDED: _____	RECEIVED: <input type="checkbox"/> DIPLOMA <input type="checkbox"/> OTHER (specify): _____ OR HIGHEST GRADE COMPLETED: _____
--	--

YOUR NAME, IF DIFFERENT, WHILE ATTENDING THIS SCHOOL: _____

COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL

NAME OF SCHOOL	LOCATION	LAST DATE ATTENDED	MAJOR COURSE OF STUDY	CREDIT HOURS EARNED	DEGREE EARNED

YOUR NAME, IF DIFFERENT, WHILE ATTENDING THIS SCHOOL: _____

JOB RELATED TRAINING OR COURSEWORK (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, MILITARY, ETC.)

NAME OF SCHOOL	LOCATION	LAST DATE ATTENDED	COURSE OF STUDY	CREDIT HOURS EARNED	TRAINING COMPLETED?

YOUR NAME, IF DIFFERENT, WHILE ATTENDING THIS SCHOOL: _____

LICENSURE, REGISTRATION, CERTIFICATION (DRIVER'S LICENSE, TEACHING CERTIFICATION, RN, PE, CPA, ETC.)

NAME LICENSE, REGISTRATION OR CERTIFICATION	NUMBER	DATE RECEIVED	EXPIRATION DATE	AUTHORIZING AGENCY

PERIODS OF EMPLOYMENT

DESCRIBE YOUR WORK EXPERIENCE IN DETAIL, BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB. USE A SEPARATE BLOCK TO DESCRIBE EACH POSITION. INCLUDE MILITARY SERVICE (INDICATE RANK), JOB RELATED VOLUNTEER WORK AND NUMBER OF EMPLOYEES SUPERVISED, IF APPLICABLE. PROVIDE AN EXPLANATION OF ANY GAPS IN EMPLOYMENT. IF NEEDED, ATTACH ADDITIONAL SHEETS, USING THE SAME FORMAT AS THE APPLICATION. RESUMES ARE ACCEPTABLE AS AN ATTACHMENT TO SUPPLEMENT THE APPLICATION. HOWEVER, ALL REQUESTED INFORMATION MUST BE PROVIDED IN THIS SECTION.

NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____ PHONE: (____) _____

JOB TITLE: _____ NAME OF SUPERVISOR: _____

FROM: ____/____/____ TO: ____/____/____
MO. DAY YEAR MO. DAY YEAR

HOURS PER WEEK: _____

REASON FOR LEAVING: _____

DUTIES AND RESPONSIBILITIES: _____

YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: _____

NAME OF NEXT PREVIOUS EMPLOYER: _____

ADDRESS: _____ PHONE: (____) _____

JOB TITLE: _____ NAME OF SUPERVISOR: _____

FROM: ____/____/____ TO: ____/____/____
MO. DAY YEAR MO. DAY YEAR

HOURS PER WEEK: _____

REASON FOR LEAVING: _____

DUTIES AND RESPONSIBILITIES: _____

YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: _____

NAME OF NEXT PREVIOUS EMPLOYER: _____

ADDRESS: _____ PHONE: (____) _____

JOB TITLE: _____ NAME OF SUPERVISOR: _____

FROM: ____/____/____ TO: ____/____/____
MO. DAY YEAR MO. DAY YEAR

HOURS PER WEEK: _____

REASON FOR LEAVING: _____

DUTIES AND RESPONSIBILITIES: _____

YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: _____

NAME OF NEXT PREVIOUS EMPLOYER: _____

ADDRESS: _____ PHONE: (____) _____

JOB TITLE: _____ NAME OF SUPERVISOR: _____

FROM: ____/____/____ TO: ____/____/____
MO. DAY YEAR MO. DAY YEAR

HOURS PER WEEK: _____

REASON FOR LEAVING: _____

DUTIES AND RESPONSIBILITIES: _____

YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: _____

NAME OF NEXT PREVIOUS EMPLOYER: _____

ADDRESS: _____ PHONE: (____) _____

JOB TITLE: _____ NAME OF SUPERVISOR: _____

FROM: ____/____/____ TO: ____/____/____
MO. DAY YEAR MO. DAY YEAR

HOURS PER WEEK: _____

REASON FOR LEAVING: _____

DUTIES AND RESPONSIBILITIES: _____

YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: _____

SKILLS

LIST SKILLS THAT YOU POSSESS AND BELIEVE TO BE RELEVANT TO THE POSITION YOU ARE APPLYING FOR:

EMPLOYMENT DISCIPLINARY HISTORY

HAVE YOU EVER BEEN DISMISSED, ASKED TO RESIGN, OR HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOU FROM ANY EMPLOYMENT OR POSITION YOU HAVE HELD? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE THE FOLLOWING:

EMPLOYER: _____ DATE: _____

REASON AND EXPLANATION: _____

EMPLOYER: _____ DATE: _____

REASON AND EXPLANATION: _____

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A CLASS 1 MISDEMEANOR? ☐ YES ☐ NO

IF "YES", INDICATE THE CHARGES: _____

WHERE CONVICTED: _____ DATE OF CONVICTION: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST-DEGREE MISDEMEANOR? ☐ YES ☐ NO

IF "YES", INDICATE THE CHARGES: _____

WHERE: _____ DATE OF CONVICTION: _____
(CITY AND STATE)

HAVE YOU EVER BEEN CONVICTED OF A FELONY, WHICH WAS REDUCED TO A MISDEMEANOR? ☐ YES ☐ NO

IF "YES", INDICATE THE CHARGES: _____

WHERE: _____ DATE OF CONVICTION: _____
(CITY AND STATE)

NOTE: MEETING ANY CIVIL SERVICE COMMISSION AUTOMATIC DISQUALIFIERS WILL CAUSE THE PROCESSING OF THE APPLICANT TO BE IMMEDIATELY DISCONTINUED..

How did you find out about the position you are applying for?

- ___ Department of Human Resources
- ___ Newspaper
- ___ Pilot On-Line/CareerConnection
- ___ Virginia Employment Commission
- ___ Radio Ad
- ___ Job Fair (please provide location: _____)
- ___ City Employee
- ___ City of Norfolk's Website
- ___ Other: _____

BACKGROUND INFORMATION SUPPLEMENT DETAIL

INSTRUCTIONS

THIS PORTION OF THE EMPLOYMENT APPLICATION MUST BE TYPEWRITTEN OR PRINTED LEGIBLY IN INK. ALL QUESTIONS MUST BE ANSWERED. IF A QUESTION IS NOT APPLICABLE, INDICATE "N/A". APPLICATIONS THAT ARE NOT COMPLETE AND LEGIBLE WILL IMPACT FURTHER PROCESSING. IF SPACE PROVIDED IS NOT SUFFICIENT FOR COMPLETE ANSWERS, OR YOU WISH TO FURNISH ADDITIONAL INFORMATION, USE THE SPACE PROVIDED ON THE LAST PAGE, OR ATTACH SHEETS OF THE SAME SIZE AS THIS APPLICATION, CITING THE QUESTION NUMBER AND SPECIFIC QUESTION.

THE FOLLOWING ADDITIONAL DOCUMENTS, IF APPLICABLE, SHOULD ACCOMPANY THIS APPLICATION:

- COPY OF CERTIFICATE OR COLLEGE TRANSCRIPT
- COPY OF MARRIAGE LICENSE

- COPY OF DIVORCE PAPERS
- COPY OF OTHER TRAINING CERTIFICATES
- COPY OF MOTOR VEHICLE LICENSE

1. PERSONAL HISTORY

LIST ALL NAMES YOU HAVE USED. INCLUDING NICKNAMES. IF FEMALE. PROVIDE MAIDEN NAME.

FULL NAME:

LAST

FIRST

MIDDLE

NICKNAME

MAIDEN

IF YOU EVER USED ANY SURNAME OTHER THAN YOUR TRUE NAME, DURING WHAT PERIOD AND UNDER WHAT CIRCUMSTANCES WAS THIS NAME (S) USED?

HAVE YOU EVER LEGALLY CHANGED YOUR NAME (OTHER THAN MARRIAGE)? YES NO

IF YES, INDICATE THE FOLLOWING: _____
DATE PLACE COURT

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MOTOR VEHICLE OPERATOR (DRIVER'S) LICENSE #: _____ DATE ISSUED: _____ STATE: _____

HAS YOUR LICENSE EVER BEEN SUSPENDED? YES NO IF YES, PROVIDE DATES AND DETAILS: _____

HAVE YOU HAD ANY TRAFFIC CITATIONS IN THE PAST 7 YEARS? YES NO IF YES, PROVIDE DATES AND DETAILS: _____

2. PRESENT MARITAL STATUS

IF PREVIOUSLY MARRIED OR DIVORCED. ATTACH AN ADDITIONAL SHEET REFLECTING DATE AND PLACE.

SINGLE MARRIED (DATE: _____) WIDOWED (DATE: _____) DIVORCED (DATE: _____) SEPARATED

MARRIED TO (IF FEMALE, MAIDEN NAME): _____ PLACE: _____

DIVORCED FROM (IF FEMALE, MAIDEN NAME): _____ PLACE: _____ COURT: _____

NUMBER OF CHILDREN: _____

3. PAST RESIDENCES

CHRONOLOGICALLY LIST ALL OF YOUR RESIDENCES FOR THE PAST 10 YEARS. INCLUDE ADDRESSES WHILE ATTENDING SCHOOL, IF AWAY FROM HOME.

DATES		APT. #	STREET ADDRESS, RFD, P.O. BOX, ETC.	CITY	STATE	ZIP CODE
FROM (MM/YY)	TO (MM/YY)					

4. PUBLIC SAFETY EMPLOYMENT INQUIRIES

HAVE YOU APPLIED FOR EMPLOYMENT IN THE FIELD OF PUBLIC SAFETY WITH ANY OTHER ORGANIZATION WITHIN THE PAST 5 YEARS THAT IS NOT LISTED AS A PAST EMPLOYER? ☐ YES ☐ NO

IF YES, PROVIDE THE FOLLOWING:

NAME OF ORGANIZATION	POSITION	DATE APPLIED
NAME OF ORGANIZATION	POSITION	DATE APPLIED

5. PUBLIC SAFETY EXPERIENCE

CHRONOLOGICALLY LIST POSITIONS YOU HAVE HELD IN THE FIELD OF PUBLIC SAFETY, BEGINNING WITH PRESENT OR MOST RECENT EMPLOYMENT. BE SPECIFIC IN DESCRIBING THE PRIMARY DUTIES AND RESPONSIBILITIES OF EACH POSITION.

NAME OF EMPLOYER	FROM: <u> </u> / <u> </u> / <u> </u> MO. DAY YEAR	TO: <u> </u> / <u> </u> / <u> </u> MO. DAY YEAR
ADDRESS	() PHONE	
JOB TITLE	HOURS PER WEEK	
NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING	
DUTIES AND RESPONSIBILITIES: _____		
YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: _____		

NAME OF EMPLOYER	FROM: <u> </u> / <u> </u> / <u> </u> MO. DAY YEAR	TO: <u> </u> / <u> </u> / <u> </u> MO. DAY YEAR
ADDRESS	() PHONE	
JOB TITLE	HOURS PER WEEK	
NAME AND TITLE OF SUPERVISOR	REASON FOR LEAVING	
DUTIES AND RESPONSIBILITIES: _____		
YOUR NAME, IF DIFFERENT, WHILE EMPLOYED HERE: _____		

6. REFERENCES

PROVIDE 3 REFERENCES (NOT INCLUDING RELATIVES, FORMER EMPLOYERS, FELLOW EMPLOYEES OR SCHOOL TEACHERS) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING WITHIN THEIR COMMUNITY WHO HAVE KNOWN YOU WELL DURING THE PAST 5 YEARS:

NAME:	SEX:	HOME PHONE:	EMPLOYER/OCCUPATION:
RESIDENCE ADDRESS :	AGE:	BUSINESS PHONE:	BUSINESS ADDRESS:
CITY / STATE / ZIP:	YEARS KNOWN:	OTHER PHONE:	BUSINESS CITY / STATE / ZIP:
NAME:	SEX:	HOME PHONE:	EMPLOYER/OCCUPATION:
RESIDENCE ADDRESS :	AGE:	BUSINESS PHONE:	BUSINESS ADDRESS:
CITY / STATE / ZIP:	YEARS KNOWN:	OTHER PHONE:	BUSINESS CITY / STATE / ZIP:
NAME:	SEX:	HOME PHONE:	EMPLOYER/OCCUPATION:
RESIDENCE ADDRESS :	AGE:	BUSINESS PHONE:	BUSINESS ADDRESS:
CITY / STATE / ZIP:	YEARS KNOWN:	OTHER PHONE:	BUSINESS CITY / STATE / ZIP:

PROVIDE 3 PAST OR PRESENT NEIGHBORS:

NAME:	SEX:	HOME PHONE:	EMPLOYER/OCCUPATION:
RESIDENCE ADDRESS :	AGE:	BUSINESS PHONE:	BUSINESS ADDRESS:
CITY / STATE / ZIP:	YEARS KNOWN:	OTHER PHONE:	BUSINESS CITY / STATE / ZIP:
NAME:	SEX:	HOME PHONE:	EMPLOYER/OCCUPATION:
RESIDENCE ADDRESS :	AGE:	BUSINESS PHONE:	BUSINESS ADDRESS:
CITY / STATE / ZIP:	YEARS KNOWN:	OTHER PHONE:	BUSINESS CITY / STATE / ZIP:
NAME:	SEX:	HOME PHONE:	EMPLOYER/OCCUPATION:
RESIDENCE ADDRESS :	AGE:	BUSINESS PHONE:	BUSINESS ADDRESS:
CITY / STATE / ZIP:	YEARS KNOWN:	OTHER PHONE:	BUSINESS CITY / STATE / ZIP:

7. MILITARY RECORD

COMPLETE THIS SECTION IF YOU HAVE EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES:

BRANCH:	SERIAL NUMBER:	HIGHEST RANK ATTAINED:	DATES OF ACTIVE DUTY:			
DISCHARGE TYPE:	MEMBER OF RESERVE:		YES	NO	READY	STANDBY
BASIS:	SERVICE BRANCH:					
SEPARATION CENTER:	NATIONAL GUARD:	PRESENT	FORMER	STANDBY		
ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE?			YES	NO	IF YES, DATE:	PLACE:
NATURE OF OFFENSE:		ACTION TAKEN:				

8. CREDIT RECORD

IF EMPLOYED BY THE CITY OF NORFOLK, WILL YOU HAVE ANY OTHER SOURCES OF INCOME? YES NO IF YES, EXPLAIN:			
HAS YOUR CREDIT RECORD (INCLUDING SPOUSE) EVER BEEN CONSIDERED UNSATISFACTORY, OR HAVE YOU EVER BEEN REFUSED CREDIT? YES NO IF YES, PROVIDE NAMES OF CREDITORS, DATES, PLACES AND CIRCUMSTANCES:			
ARE YOU OR YOUR SPOUSE INDEBTED TO ANYONE? YES NO IF YES, LIST DEBTS OVER \$500:			
CREDITOR: _____	ACCOUNT#: _____	LOCATION OF ACCOUNT: _____	AMOUNT: \$ _____
CREDITOR: _____	ACCOUNT#: _____	LOCATION OF ACCOUNT: _____	AMOUNT: \$ _____
LIST ALL DEBTS THAT ARE PAST DUE. INDICATE NUMBER OF PAYMENTS PAST DUE AND AMOUNT OF EACH PAYMENT, ACCOUNT NUMBER AND LOCATION OF ACCOUNT:			
CREDITOR: _____	ACCOUNT#: _____	LOCATION OF ACCOUNT: _____	PAYMENTS DUE: _____ AMOUNT: \$ _____
CREDITOR: _____	ACCOUNT#: _____	LOCATION OF ACCOUNT: _____	PAYMENTS DUE: _____ AMOUNT: \$ _____
			TOTAL AMOUNT PAST DUE: \$ _____

9. COURT RECORD

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL VIOLATION? YES NO IF YES, PROVIDE:

DATE:	PLACE:	AGENCY:	CHARGE:	DISPOSITION:
DETAILS:				
DATE:	PLACE:	AGENCY:	CHARGE:	DISPOSITION:
DETAILS:				
DATE:	PLACE:	AGENCY:	CHARGE:	DISPOSITION:
DETAILS:				

10. RELATIVES EMPLOYED BY THE CITY OF NORFOLK

LIST THE COMPLETE NAMES OF ANY OF YOUR RELATIVES (INCLUDING IN-LAWS) WHO ARE EMPLOYED BY THE CITY OF NORFOLK:

COMPLETE NAME	RELATION	DEPARTMENT	POSITION TITLE

11. ORGANIZATIONAL MEMBERSHIP

LIST ALL CLUBS, SOCIETIES OR ORGANIZATIONS WITH WHICH YOU HAVE BEEN OR CURRENTLY ARE A MEMBER:

ORGANIZATION	CITY/STATE	STATUS	POSITION HELD OR EXTENT OF ACTIVITY
		FORMER CURRENT	
		FORMER CURRENT	
		FORMER CURRENT	

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY OF THE U.S.A. OR ANY COMMUNIST OR FASCIST ORGANIZATION? YES NO

HAVE YOU OR ANY FAMILY MEMBER EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, SUBVERSIVE OR WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OR FORCE OR VIOLENCE TO DENY OTHER PERSONS OF THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? YES NO

IF YES TO EITHER OF THE ABOVE, EXPLAIN FULLY: _____

12. DRUGS – SUBSTANCES

HAVE YOU EVER TRIED OR EXPERIMENTED WITH ANY ILLEGAL DRUGS OR SUBSTANCES SUCH AS:

MARIJUANA, HASHISH, COCAINE, HALLUCINOGEN, HEROIN, STEROIDS, SPEED, ETC.? YES NO

IF THE ANSWER TO ANY OF THE ABOVE IS "YES," PLEASE COMPLETE SECTION BELOW:

	Date first time used	Date last time used	Total approximate uses
MARIJUANA			
HASHISH			
COCAINE			
HALLUCINOGEN			
HEROIN			
STEROIDS			
SPEED			
OTHER			

EXPLAIN/COMMENTS:

*NOTE: WILLFUL CONCEALMENT OR FALSIFICATION OF DRUG USE WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION OR FOR DISMISSAL FROM CITY EMPLOYMENT.

13. CERTIFICATION

PRIVACY ACT NOTICE

THE PRINCIPAL PURPOSE OF EMPLOYMENT FORMS IS TO COLLECT INFORMATION NEEDED TO DETERMINE QUALIFICATIONS, AND AVAILABILITY OF APPLICANTS FOR CITY EMPLOYMENT, AND OF CURRENT CITY EMPLOYEES FOR RECLASSIFICATION, TRANSFER, PROMOTION OR DEMOTION. YOUR COMPLETED EMPLOYMENT FORMS MUST BE USED TO EXAMINE, RATE, AND/OR ASSESS YOUR QUALIFICATIONS; TO DETERMINE IF YOU ARE ENTITLED TO EMPLOYMENT UNDER CERTAIN LAWS AND REGULATIONS, AND ANY APPLICABLE RESIDENCE REQUIREMENTS; AND TO CONTACT YOU CONCERNING ANY AVAILABILITY AND/OR AN INTERVIEW. ALL OR PART OF YOUR COMPLETED EMPLOYMENT FORMS MAY BE DISCLOSED OUTSIDE THE DEPARTMENT OF HUMAN RESOURCES OFFICE TO:

1. CITY AGENCIES UPON A REQUEST FOR A LIST OF ELIGIBLES TO CONSIDER FOR EMPLOYMENT, REINSTATEMENT, TRANSFER, PROMOTION OR DEMOTION.
2. CITY AGENCY INVESTIGATORS TO DETERMINE YOUR SUITABILITY FOR CITY EMPLOYMENT.
3. FEDERAL, STATE, OR LOCAL AGENCIES TO CREATE OTHER PERSONNEL RECORDS AFTER YOU HAVE BEEN EMPLOYED BY THE CITY OF NORFOLK.
4. APPROPRIATE FEDERAL, STATE, OR LOCAL LAW ENFORCEMENT AGENCIES CHARGED WITH THE RESPONSIBILITY OF INVESTIGATING A VIOLATION OF THE LAW.
5. A REQUESTING FEDERAL, STATE, OR LOCAL AGENCY TO THE EXTENT THE INFORMATION IS RELEVANT TO THE REQUESTING AGENCY'S DECISION.
6. ANYONE REQUESTING STATISTICAL INFORMATION (WITHOUT YOUR PERSONAL IDENTIFICATION) AND FOR STATISTICAL REPORTING WITHIN THE CONFINES OF NORFOLK.
7. ANY REQUESTING INFORMATION SYSTEM AFTER OBTAINING YOUR VOLUNTARY RELEASE AND THE REQUESTING COMPANY'S ASSURANCE FOR THE INFORMATION'S PROTECTION.
8. PERSONS, FIRMS OR AGENCIES ASSERTING CLAIMS OR SUITS AGAINST THE CITY, AND TO PUBLIC AGENCIES CONDUCTING INVESTIGATIONS INTO CITY OPERATIONS, AND TO COURTS, WHEN REQUIRED BY LAW.

SOCIAL SECURITY NUMBER

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER (SSN) IS MANDATORY TO OBTAIN THE SERVICES, BENEFITS, OR PROCESSES THAT YOU ARE SEEKING. SOLICITATION OF THE SSN BY THE DEPARTMENT OF HUMAN RESOURCES IS AUTHORIZED UNDER THE PROVISIONS OF THE SOCIAL SECURITY ACT.

CERTIFICATION

I CERTIFY THAT THE INFORMATION SUPPLIED BY ME IN THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY MISSTATEMENT OR OMISSION OF MATERIAL FACTS SHALL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO ANY CONSIDERATION FOR EMPLOYMENT, OR CONTINUED EMPLOYMENT, TRANSFER, OR PROMOTION IN THE SERVICE OF THE CITY OF NORFOLK. I WILL NOTIFY THE DEPARTMENT OF HUMAN RESOURCES OF ANY CHANGE OF ADDRESS AND FURTHER UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN MY NAME BEING REMOVED FROM FURTHER CONSIDERATION. ANY INFORMATION REGARDING FORMER OR CURRENT EMPLOYMENT WITH THE CITY OF NORFOLK MAY BE RELEASED TO NECESSARY INDIVIDUALS FOR THE SOLE PURPOSE OF DETERMINING MY ELIGIBILITY FOR REEMPLOYMENT, TRANSFER, OR PROMOTION. PERMISSION IS GRANTED TO CONTACT MY PRESENT AND PREVIOUS EMPLOYERS FOR INFORMATION CONCERNING MY EMPLOYMENT HISTORY. I ALSO UNDERSTAND THAT I MAY BE REQUIRED TO FURNISH NAMES OF CHARACTER REFERENCES.

SIGNATURE

DATE

THE CITY OF NORFOLK HIRES ONLY U.S. CITIZENS AND LAWFULLY AUTHORIZED ALIEN WORKERS

I HEREBY CERTIFY, ATTEST AND AFFIRM, UNDER THE PENALTY OF PERJURY, THAT I AM A CITIZEN OF THE UNITED STATES, I UNDERSTAND AND AGREE THAT IF SELECTED FOR EMPLOYMENT, I MUST PROVIDE DOCUMENTATION VERIFYING MY IDENTITY AND EMPLOYMENT ELIGIBILITY AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT, PRIOR TO DATE OF HIRE.

SIGNATURE

DATE

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) THE CLASS SPECIFICATIONS AND POSTED REQUIREMENTS FOR THIS POSITION, AND THAT I AM FULLY CAPABLE OF PERFORMING ALL THE ESSENTIAL FUNCTIONS OF THE POSITION (WITH) (WITHOUT) ANY ACCOMMODATION. (CIRCLE ONE)

SIGNATURE

DATE

IF YOU WILL NEED ONE OR MORE ACCOMMODATION(S) IN ORDER TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION, PLEASE LIST AND EXPLAIN ALL NECESSARY ACCOMMODATIONS BELOW:

USE THIS AREA TO PROVIDE ADDITIONAL INFORMATION, COMMENTS OR REMARKS	
--	--

Thank you for your interest in employment with the City of Norfolk.



PROVIDING THIS INFORMATION IS NOT MANDATORY. HOWEVER, IT IS REQUESTED IN ORDER TO PROVIDE STATISTICAL DATA IN MONITORING AND ENSURING THE CITY OF NORFOLK 'S COMMITMENT TO EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION.

SEX: MALE FEMALE

CHECK THE SPACE FOR THE RACIAL OR ETHNIC GROUP WITH WHICH YOU IDENTIFY :

BLACK, AFRICAN-AMERICAN

AMERICAN INDIAN OR ALASKA NATIVE

OTHER, PLEASE INDICATE RACE:

CHECKLIST OF ADDITIONAL DOCUMENTS

PRIOR TO SUBMITTING THIS APPLICATION PACKET,
PLEASE BE SURE YOU HAVE INCLUDED THE FOLLOWING DOCUMENTS:

- ✓ Copy of birth certificate
- ✓ Copy of high school diploma or GED certificate
- ✓ Copy of driver's license
- ✓ Department of Motor Vehicles Driving Record
(within 1 year from being state licensed)
- ✓ DD214 (long form) at time of application for past military, or within 90 days of
application for current active military (if applicant ever served in the military)
- ✓ *Release of Information* form notarized prior to application submission

ADDITIONAL DOCUMENTS, IF APPLICABLE:

- ✓ Copy of certificate or college transcript
- ✓ Copy of marriage license
- ✓ Copy of divorce papers
- ✓ Copy of other training certificates

Important Note:

If any of the above documents are missing from your
application, further processing of your application will be
suspended until the necessary documents
are received by Human Resources.

Thanks in advance for including this information with your application!



City of Norfolk

Department of Human Resources

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, and Medical Association.

U.S. Armed Forces, Maritime Services, Veterans Association

Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any: School, College, University, Business School, Trade School, High School or Elementary School.

Any local, State or Federal Law Enforcement Agency
Any Past or Present Employer
Credit Bureau or Retail Merchants Association
U.S. Selective service System

I, _____ Address: _____
Have applied for employment with the _____ of the City of Norfolk, Virginia. I am aware that my entire background is to be thoroughly investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Municipal Civil Service Investigator or his representative upon presentation of this release or copy thereof.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Date of Birth _____ Place of Birth _____

Social Security No. _____

Given under my hand, this _____ day of _____, 200 _____

Signature

State of _____
City of _____, TO WIT:

This Day, _____, personally appeared before me and acknowledged his/her signature to the above statement.

My commission expires: _____

Signature
(Seal Requested)